

"Any substance entering the blood, and impairing or destroying the integrity of one or more of its constituent elements, impairs, or robs, to a corresponding extent, the organs which are dependent upon such product for their existence and functional capacity; and this is no doubt the mode of relation between individual structures and some poisons and therapeutic agents."

The second article in the volume, is a long address in opposition to the commonly received doctrine of malaria as a cause of disease—chiefly, however, in reply to some strictures of Dr. Satchwell, on a former address on the same subject, by Dr. Charles E. Johnson, the author of the present article.

The address, though in many respects an able one, presents no new facts or arguments bearing upon the subject discussed, and is not, in our opinion, suited to the *Transactions* of a State Medical Society. Positive contributions to medical science, derived from the personal observations and investigations of the members of the several county societies, digested and arranged by competent committees, are what we look for in these *Transactions*; and we are very properly disappointed, when we find, in place of these, theoretical disquisitions leading to no positive results.

A short letter from Dr. James J. Philips follows, On the importance to the physician of the study of the standard medical works that issue from the press, and of the valuable contributions to be found on the pages of our professional journals.

The volume closes with "An account of some of the early proceedings of the Society, and the Code of Ethics of the National Association." D. F. C.

ART. XVI.—*Reports of American Institutions for the Insane.*

1. *Of the Mt. Hope Institution*, for the years 1849, 1850, 1851, 1852, and 1853.
2. *Of the Vermont Asylum*, for the years 1852 and 1853.
3. *Of the Maryland Hospital*, for the year 1852.
4. *Of the South Carolina Asylum*, for the year 1852.
5. *Of the Louisiana State Asylum*, for the years 1849–50, and 1850–51.
6. *Of the Butler Hospital*, for the year 1853.

1. THE Mount Hope Institution, near Baltimore, is the largest and one of the most successful of what can properly be termed the *private* establishments for the insane, in the United States. The principle upon which it is conducted, as represented in the report for 1849, is truly benevolent. It "has never obtained from the city or State the smallest pecuniary assistance, or from individual benevolence the slightest endowment," yet, "whilst burdened with a heavy debt, it appropriates one-fifth of its room to the maintenance of destitute lunatics." Persons of all religious persuasions are admitted, and participate "on an equal footing in all its benefits."

	Men.	Women.	Total.
Insane patients, January 1, 1849	21	38	59
Admitted in course of the year	45	41	86
Whole number	66	79	145
Discharged, including deaths	38	32	70
Remaining, January 1, 1850	26	48	74
Of those discharged, there were cured	19	13	32
Died	8	6	14
Cases of <i>mania-à-potu</i> , January 1, 1849	3	0	3
Admitted in course of the year	77	11	88
Discharged, recovered	75	11	86
Died	3	0	3
Remaining, January 1, 1850	2	0	2

The special condition resulting in death, in the cases of insanity, is not mentioned.

¹ There are some discrepancies in these figures which a reviewer cannot correct.

Three cases of what is termed "febrile delirium" were received, and all terminated fatally. We are bound, of course, to *assume* that these were what the term imports under which they are recorded, but since many cases of a disease which is now generally believed to be distinct from ordinary febrile delirium have been reported, at various institutions, under the different terms "typhomania," "phrenitis," "exhaustive mania," "Bell's disease," &c., and, particularly, since Dr. Stokes gives the following description of his cases, we cannot forbear to *presume* that some of them belonged to the form of disease mentioned. "In these cases," says he, "there appeared to be a kind of inflammation of the membranes of the brain, accompanied by a general and intense impairment of all the faculties of the mind. This is a condition, often, we think, mistaken for insanity. *It usually assumes the form of maniacal excitement, sometimes preceded by a short period of melancholy, or depression of spirits. Patients affected by it are remarkable for the rapidity of their movements, incessant talking, and sleeplessness.* The pulse is frequent, but not hard or full, the tongue is coated, and the eyes often slightly suffused. Such cases often prove fatal very suddenly, and after death the pia mater and the arachnoid membrane will be found considerably more vascular than natural, and occasionally some effusion of serum will be observed. *Death does not seem to result from inflammation, but from the exhaustion and sinking of the vital powers after long-continued excitement, agitation, and sleeplessness.*" Yes; and hence it has been found, in most of the northern asylums, that the pretty free administration of stimulus, as wine or brandy, is the only method by which death, in these cases, can be averted, and the patient restored to health. The Italics in the quotation are ours. Some of them denote symptoms, which, to us, do not appear fully to correspond with those of ordinary febrile delirium.

Of the one hundred and forty-five insane patients, ten had the suicidal propensity. "For a long time during the spring and summer, almost every patient brought to us was represented by the friends to be strongly suicidal. None succeeded in carrying their plans into execution.

"The mode of self-destruction in asylums is, for the most part, by hanging. The particular way, however, generally appears to be a matter of much thought and consideration. But, after the plan is once settled, they seem to neglect all other means which may offer themselves, until they have an opportunity of perpetrating the deed in that particular way.

"There is no subject connected with the history of insanity, in which more crude, ignorant, and mistaken notions are entertained, than in what is termed *religious madness*. * * * * The best authorities on the subject declare that there is reason to believe that the number of persons who become insane through the influence of religious hopes and fears, is much less than is generally supposed. As far as our own observation goes, we have never yet succeeded in tracing any one case unequivocally and directly to this cause. * * * * The circumstance that the mind of the lunatic is occupied, during the period of his disease, with ideas and feelings connected with an invisible world, is no proof whatever that the derangement of his understanding was produced, in the first instance, by impressions related to the same subject."

From the report for 1850:—

	Men.	Women.	Total.
Insane patients, January 1, 1850	26	48	74
Admitted in the course of the year	32	40	72
Whole number	58	88	146
Discharged, including deaths	33	32	65
Remaining, Dec. 31, 1851	25	55 ¹	80 ¹
Of those discharged, there were cured	16	15	31
Died	3	5	8
Cases of <i>mania-à-potu</i> at beginning of year	2	0	2
Admitted	59	11	70
Discharged cured			65
Remaining at end of year		2	2
Deaths (inferred from the above—not stated in report)			5

¹ Deducted from the preceding figures, these would be 56 and 81.

Several pages of this report are devoted to the purpose of the prevention of insanity, by pointing out the symptoms, and suggesting the proper treatment of the incipient stage. The psychic symptoms are included under the general terms of *changes in the disposition, temper, and affections*. The writer then proceeds as follows:—

“There are certain physical symptoms which will serve to point to the nature of the threatened mischief, and guide the treatment. The patient complains of a sense of tightness or constriction across the forehead, sometimes attended by noise in the ears, flashes of light, flushing of the face, &c.; by a state of watchfulness by night, and restlessness by day; by costiveness, by gastric and hepatic derangement. The inability to sleep is a symptom which ought never to be neglected. It may be considered one of the most valuable indications we possess of approaching insanity. It seldom deceives. Whenever this state of watchfulness by night and restlessness by day occurs in connection with some of the foregoing manifestations of an altered state of the feelings and affections, not another moment is to be lost. Now it is that much may be done by the ordinary family physician. He ought carefully to scrutinize the state of the general functions, and immediately set about rectifying morbid action wherever located.

“Accumulations in the alimentary canal must be removed by purgatives; the secretory and excretory organs must be duly regulated by the warm bath, and by diuretics. Cerebral irritation, and turgescence or morbid excitement of the capillaries of the part, must be subdued by local depletion, leeches to the temple, cups on the nape of the neck, &c. Sleep must be restored by the cautious administration of Dover's powders, or morphia, at night. But on no account should they be resorted to until preliminary steps are taken to subdue the lurking mischief in the brain.

“As soon as possible after these points have been attended to, the patient should be sent on a journey, in order to divert the mind, and to change the whole current of thought.”

Theatrical entertainments, or “exhibitions,” have been introduced as a part of the amusements of the patients at Mt. Hope. “Many who take no part in these performances, are amused by witnessing them, and imperceptibly get their feelings enlisted in the success of others. By such recreations as these, we have known, in a considerable number of cases, melancholy feelings and insane delusions to be dispelled, and recovery to take place.”

In view of the prevalence of delirium tremens, and of the influence of intemperance in the production of other forms of mental derangement, Dr. Stokes urges the importance of legislative action for the reformation and control of inebriates. He would have them removed to houses of refuge, where they should be subjected to medical treatment and moral discipline, the term of their detention to be limited only by the decision, in each individual case, of a proper medical or judicial tribunal.

Report for 1851:—

	Men.	Women.	Total.
Patients at the commencement of the year	25	55	80
Admitted in course of the year	50	52	102
Whole number	75	107	182
Discharged, including deaths, and one escape	38	46	84
Remaining at the end of the year	34 ¹	64 ¹	98
Of those discharged, there were cured	12	17	29
Died, including one suicide	8	6	14
Cases of <i>mania-à-potu</i> , January 1, 1851		2	2
Admitted	53	1	54
Discharged cured			52
Died			2
Remaining			2

¹ According to the preceding data, these should be 37 and 62. In one place the deaths are reported 8 males, 6 females; in another, 9 males, 5 females.

Of the insane patients, two died of acute meningitis, and two of febrile delirium.

In the table of causes, seven cases are attributed to "defective education;" and from the remarks upon this subject we make the subjoined extract:—

"In most of these cases, we are constrained to say, the too fond parents have unconsciously sown the seeds of this most bitter fruit. Too great indulgence in childhood, and previously to, as well as during puberty, and a want of moral discipline then, and up to maturity, with neglect of that education which inculcates, and indeed imposes proper principles of feeling and action, are undoubtedly among the most deeply-laid foundations of insanity. Persons thus brought up have their temper, emotions, and moral affections so little under command—are so subject to ebullitions of passion, to capricious or violent and fugitive emotions—are so liable to act from momentary feeling and impulse—as to acquire a disposition of mind not only most unamiable in itself, but also most prone to marked disorder when subjected to its more immediate productive causes. * * * * In young girls, even though there be no predisposition from a constitutional taint, faulty education will itself originate and develop that exalted degree of nervous susceptibility and irritability which, in later life, may eventuate in *moral insanity*."

The doctor thus gives his opinion in regard to depletion:—

"To bleed and otherwise deplete copiously for insanity alone, even in its early stages, is a highly injurious practice. Without having the least influence over the delusions of the patient, it lowers the grade of his vital forces, and renders him less able to support the more or less wearing influence of the mental disease on the bodily health. * * * * It greatly disposes to a more rapid decline of mania or monomania into dementia. * * * * It diminishes the chances of subsequent cure, and very generally serves to protract the duration of the disease. In our estimation, depletion is the great error in the primary treatment of insanity. * * * * We could point out more than one case now in this house, on whom the detraction of blood, injudiciously resorted to, has inflicted irreparable mischief."

Report for 1852:—

	Men.	Women.	Total.
Insane patients, January 1	34	64	98
Admitted in course of the year	41	42	83
Whole number	75	106	181
Discharged, including deaths	44	42	86
Remaining, December 31	33 ¹	62 ¹	95
Of those discharged, there were cured	19	23	42
Died	3	5	8
Cases of <i>mania-à-potu</i> , including two at beginning of the year	64	8	72
Discharged recovered	58	7	65
Died	5	1	6
Remaining, December 31	1	0	1

"During the last year," says the report, "a larger number than any previous year have been admitted in a state of raving madness, attended with excessive excitement and violence. During the continuance of the maniacal paroxysm, the object aimed at in the medical treatment has been to calm undue nervous susceptibility and irritability, without impairing the vital energy, or exhausting, by reducing remedies, the vital powers. No case of acute mania has occurred in which any depletory measures have been adopted, either by bleeding or other antiphlogistic remedies, save aperients and diuretics, with moderate local depletion, which are generally required in order to remove vitiated secretions, to clear the eliminatory organs of obstructions, and to lessen local congestion. Indeed, it is now an admitted axiom by physicians of insane asylums in general, that in this malady *inflammatory action* in the brain is of exceeding rare occurrence. It would seem as if all the energies of the constitution were directed to

¹ Thirty-one and sixty-four, if the antecedent numbers are correct.

the full development of the mental disorder, and diverted from the processes whereby inflammatory action is established and maintained. * * * * We have invariably endeavoured to support and succor the constitution, and thereby to fortify it against the debilitating influence of long-continued excitement, agitation, and raving. * * * * Cases continue to be admitted in which general depletion has been lavishly resorted to."

Dr. Stokes gives us a table of the ages of the patients, by which it appears that there were 39 between 20 and 30 years, and 69 between 30 and 40. He refers to the assertion that in Europe the predisposition to insanity is greatest in the decennium from 30 to 40 years, and remarks that "in France, it appears certain that persons are more liable to insanity between 30 and 40 years of age than at any other period of life." He quotes from the statistics of the Pennsylvania Hospital for the insane, where 44.87 per cent. of the patients were between 20 and 30, and only 18.9 per cent. between 30 and 40; those of the Ohio Asylum, where there were 43.97 per cent. between 20 and 30, and but 24.52 per cent. between 30 and 40; and of the Bloomingdale Asylum, where the number between 20 and 30 was "much larger" than in any other decade. He then remarks that "the inference to be deduced from our table is *more in accordance with the results of the asylums in France*, inasmuch as the largest number appear to have been attacked between 30 and 40 years of age." Let us ask Dr. Stokes this question: Does your table show the ages of your patients at the time of the first attack of insanity? If it does, your institution presents a most remarkable contrast, in this respect, to all others in the country. It is a perfect anomaly. Your table has this caption: "*Showing the Ages of Insane Patients from January 1, 1852, to January 1, 1853.*" The reader would hence infer that it exhibits the *present age* of all your patients (for they are all included) irrespective of the number of years they had been in the asylum—regardless of the prior duration of the disease. In France, and generally in other parts of Europe, the ages upon which the calculation is based are those at the time of admission of the patients. Supposing that your table represents the ages in 1853, it is not remarkable that the results should coincide with those of the French asylums, rather than with those of the three American institutions mentioned, where the computation was based upon the *ages at first attack*. Have you not attempted to compare things which, from their very nature, are not susceptible of comparison?

Report for 1853:—

	Men.	Women.	Total.
Insane patients, January 1	33	62	95
Admitted in course of the year	48	72	120
Whole number	81	134	215
Discharged, including deaths	36	47	83
Remaining, December 31	45	87	132
Of those discharged, there were cured	15	15	30
Died	8	10	18
<i>Mania-à-potu</i> cases, including 1 from 1852	20	1	21
Discharged cured	18	1	19
Died	2	0	2

From the tables of the "civil condition" of the *mania-à-potu* patients in the five reports before us, we deduce the following results. Of the men, there were *single*, 138; *married*, 135; *widowers*, 4. Of the women, *single*, none; *married*, 27; *widows*, 8. There is a slight error which we cannot correct, in these aggregates, arising from the fact that, in the course of the five years, *seven* patients remained in the asylum over the 1st of January, and are consequently reckoned twice. But this does not materially affect the results.

"During the past year, the demand for accommodations for the insane has been so pressing as to exclude *mania-à-potu* cases almost entirely. For the last six months we have been unable to admit a single case of it."

In this report, the first of the five in which it is introduced, we find a record of the causes of death of the insane patients. "Three died of recurrent apoplexy, four of exhaustive mania, two of inflammation of the small intestines, two of epilepsy, one of marasmus, one of phthisis, and two of dysentery."

In regard to insanity as coincident with age, the table in this report "corroborates the inference" which Dr. Stokes thought himself "warranted in deducing from the statistics of last year," because 57 patients were between 30 and 40 years old, and only 47 between 20 and 30. Now let us understand ourselves in regard to this subject. If Dr. Stokes would merely assert that at any given time, to-day, for instance, the number of insane persons in our asylums, or in the whole population, between the ages of 30 and 40 years, is greater than the number between the ages of 20 and 30 years, we grant that his assertion is correct. No one doubts it who has examined the subject. If he would assert, or infer, that either at the time of *first attack* of insanity, or of *admission* into the asylums, the number of patients between 30 and 40 years of age exceeds that of those between 20 and 30, we would answer that we have abundant proof that such is not the fact.

In an article published in the *New York Medical Journal*, some six or seven years ago, this subject is discussed probably more minutely and analytically than by any author whose writings have been examined by Dr. Stokes. It includes the statistics of most of these existing American Asylums, and exhibits the ages as taken in four different methods.

1. *Ages of the patients in the asylum on a given day.*—The recovered of but one asylum is given. Result: Between 20 and 30 years, 18; between 30 and 40 years, 32—similar to that of the Mt. Hope statistics.

2. *Ages of all the patients during a given year, including the old residents and those admitted.*—Statistics from four institutions. Whole number of patients 848. Between 20 and 30 years of age, 214; between 30 and 40 years, 245. Corroborative of the Mt. Hope table.

3. *Ages at the time of admission into the asylums.*—Eight institutions; aggregate of patients 7,516. Between the ages of 20 and 30 years, 2,337; between 30 and 40 years, 1,884. No longer sustaining the result in Dr. Stokes's tables.

4. *Ages at the time of first attack of insanity.*—Nine institutions; aggregate of patients recorded upon this principle, 4,742. Between the ages of 20 and 30 years, 1,712; between 30 and 40 years, 1,106. *The number between 20 and 30 years exceeds that between 30 and 40, by a fraction more than 54 per cent.* The number of patients forming the basis of this estimate is so large, that the result may be taken as a solution of the question in regard to which decade of life furnishes, absolutely, the most cases of the primary invasion of insanity. But if the decennium of *greatest liability* to the disease be sought, or that in which the greatest *relative* number of cases occur, it can only be found by comparing the number of the occurring cases in each decennial period, with the number of persons of corresponding age in the general population. Dr. Bates has done this for Maine, and Dr. Kirkbride for Pennsylvania, and have shown that, in those States, the *greatest liability* to the disease is between the ages of 20 and 30 years. In the aforementioned article in the *New York Medical Journal*, the cases therefore admitted into the Utica Asylum are compared with the inhabitants of the State, and the result shows that the liability is slightly greater between 30 and 40, than between 20 and 30 years, being as 1000 to 991. We anticipate a different result when the calculation shall be based upon greater numbers, and that in New York, as in other States mentioned, the true period of greatest liability will be found to be in the decennium from 20 to 30 years.

In 1853, twelve patients with suicidal propensity were in the Mt. Hope Asylum; one of homicidal mania, in which the patient killed his wife, and one in which the mother, labouring under puerperal mania, took the life of her infant. "The intellect appeared to be unclouded, and the closest scrutiny could detect no aberration of the mind. The moral feelings appeared benumbed, deadened, perverted.

"General depletion has in no case been resorted to. In many instances it has been found necessary to resort to the local detraction of blood, in order to reduce undue cerebral excitement. * * * We reiterate the assertion, that if large quantities of blood are abstracted previous to admission, the consequence is that the recovery of the patient is much retarded, if not rendered altogether hopeless. A case of puerperal mania was sent to us, in both of whose arms recent incisions were apparent, and who had been freely cupped on the

neck and temples. The most complete incoherency, after three months' continuance under treatment, exists. In another case of acute mania, in a female aged 65, the lancet had been freely resorted to before admission, without the slightest diminution, but rather with an aggravation of the frenzied excitement. In a few days complete prostration and exhaustion ensued, and she rapidly sank."

Many topics to which we have not alluded are discussed with ability in these reports of Dr. Stokes. We have found it difficult to restrict our extracts within prescribed limits, and have therefore selected only such parts as are of most importance, or the most novel to our readers.

2. Dr. Rockwell, of the Vermont Asylum, never makes voluminous reports. Each of the two now at hand is limited to four pages.

	Men.	Women.	Total.
Patients in the Asylum, August 1, 1851	169	166	335
Admitted in course of the year	79	82	161
Whole number	248	248	496
Discharged, including deaths	73	72	145
Remaining, August 1, 1852	175	176	351
Of those discharged, there were recovered			78
Died			31

Two of the four pages are occupied by extracts of letters from patients discharged.

	Men.	Women.	Total.
Patients, August 1, 1852	175	176	351
Admitted in course of the year	70	89	159
Whole number	245	265	510
Discharged, including deaths	62	76	138
Remaining, August 1, 1853	183	189	372
Of those discharged, there were recovered			72
Died			43
Aggregate admitted since the opening of the Asylum			2,066
Recovered			968
Number of deaths not given.			

In March, 1852, variola made its appearance among the inmates of the Asylum. "A short time before the first case occurred, a patient was admitted from a section of country where this disease prevailed, although neither herself nor any of her family had been exposed or suffered from it. We know of no other way in which it could have been introduced. The disease continued with us about ten weeks. One of our nurses and twenty-seven female patients were attacked by it, and only one, a female of seventy-two years of age, died. None of our male patients were affected with this disease."

Two of the wings of the Asylum have recently been enlarged, making additional provision for seventy persons.

3. From the very brief report by Dr. Fonerden, of the Maryland Hospital, we collect the following items:—

	Men.	Women.	Total.
Patients at the beginning of the year 1852	63	67	130
Admitted in the course of the year	26	8	34
Whole number	89	75	164
Discharged, including deaths	21	13	34
Remaining, December 31, 1852	68	62	130
Of those discharged, there were cured	5	5	10
Died	4	2	6

Besides the foregoing, seven cases of *mania-à-potu* were received, none of which terminated fatally.

Many applications for admission were refused, and owing to the crowded condition of the wards, it has become necessary to remove the patients belong-

ing to the District of Columbia, a considerable number of whom have heretofore found an asylum at this institution.

It is grateful to learn that measures have been taken towards furnishing the insane of Maryland with accommodations consistent with the present idea of their proper treatment. "The General Assembly, at its session in the year 1852, the first under the new Constitution, passed a law for the erection of a new hospital for the insane; and the commissioners appointed to execute it have purchased a very eligible site, on which they are now proceeding very actively with the work."

4. We have, as usual, two reports from the Lunatic Asylum of South Carolina; one by Dr. Trezevant, the Physician, and the other by Dr. Parker, the Superintendent. The former principally consists of a strong and urgent appeal, in which the inconveniences and defects of the present buildings are described, for a new establishment, located in the country. It is to be hoped that it has not been made in vain.

Patients in the Asylum, November 5, 1851 . . .	127
Admitted in course of the year	46
Whole number	173
Discharged, including deaths	38
Remaining, November 5, 1852	135
Of those discharged, there were cured	19
Died, including one suicide	8

From the two reports, we infer that the system of treatment pursued at the institution corresponds, as nearly as circumstances will permit, with that of the hospitals of more recent and more nearly perfect construction.

5. The State Asylum for the Insane, at Jackson, Louisiana, was opened on the 21st of November, 1848. On the morning of that day, eighty-five insane persons were removed from the Charity Hospital in New Orleans, and taken, "in a body" the distance of one hundred and sixty miles, to the Asylum, where they arrived, without accident, on the following day. The statistics, December 31, 1849, as given by the Physician, Dr. Preston Pond, are as follows: "Patients admitted, 130; recovered, 29; discharged, 18; removed, 6; eloped, 7; died, 24." It appears from this, that some are reported as recovered, who have not been discharged.

"The deaths have been, one accidental, two of fits, one of dropsy, one of cholera morbus, and the remainder of chronic diarrhoea."

"The number of deaths is large in proportion to the whole number of patients. The class of persons received here is different from that of almost any other institution of the kind in the United States. A great proportion came from New Orleans, where are congregated a multitude of foreigners from all nations. Many of them are in destitute circumstances, suffer much from improvidence, disappointment, and disease, until their bodily health is destroyed, and when they arrive here life, in many cases, can only be prolonged for a short period."

By the report for 1852 and 1853, it appears that this institution is under the general direction of a president and board of administrators; the executive officers being a physician, a superintendent—who is not a member of the medical profession—and a matron; that it will now accommodate one hundred and forty patients, and when finished will be able to receive two hundred and fifty.

	Men.	Women.	Total.
Patients in the Asylum, Dec. 31, 1851 . . .	33	45	78
Admitted in two years, to Dec. 31, 1853 . .	75	48	123
Whole number	108	93	201
Discharged, eloped, and died	40	29	69
Remaining, Dec. 31, 1853	68	64	132
Of those discharged, there were cured . . .	4	9	13
Died	23	17	40

Causes of death.—Chronic diarrhœa 5, diarrhœa 8, phthisis pulmonalis 3, cholera 4, yellow fever 2, marasmus 3, “fits” 3, cholera morbus 3, old age, chlorosis, “disease of the lungs,” chronic dysentery, lead colic, dropsy, general palsy, “flux,” 1 each; one not mentioned.

The patients who died with yellow fever, and of cholera, had those diseases when admitted. Neither of the epidemics spread among the other inmates of the institution.

“Diarrhœa is the most troublesome disease we have to contend with. It has been treated here with blue mass and Dover’s powder, sub-nit. of bismuth, sulph. copper and opium, sulphuric acid, sulphate of iron and sulph. alumen and potassa, acetate of lead and opium, and by cod-liver oil. Some cases have recovered, some have been improved and life prolonged. But generally, when a disposition to chronic diarrhœa is manifested, the disease, though checked, recurs again and again, until it finally terminates in death.”

	Men.	Women.	Total.
Whole number of patients admitted . . .	191	134	325
Discharged recovered	30	23	53
Died	60	35	95

6. At the Butler Hospital, the number of patients

on the 31st of December, 1852, was . . .	64	78	142
Admitted in 1853	45	47	92
Whole number	109	125	234
Discharged, including deaths	46	52	98
Remaining, Dec. 31, 1853	63	73	136
Of those discharged, there were cured . . .			44
Died			22

Died of chronic mania 10, “acute maniacal affection” 5, paralysis 2, “meningitis produced by transference of disease” 1, epilepsy 2, uterine disease 1, uncertain 1.

Of twenty-seven discharged improved, it was believed that “many would probably have recovered had they remained a few weeks longer.”

Patients admitted since the institution was opened, in 1848 . . .	583
Discharged recovered	171
Died	102

It will be recollected that in our notice of the last two preceding reports by Dr. Ray, we gave a synopsis of the discussion upon which he entered in regard to the causes of insanity at the present day. The subject is resumed in the report before us, and what is here written, together with that which preceded it, is almost enough to destroy one’s confidence in the advantages of civilization.

In resuming the discussion, Dr. Ray informs the reader that mental alienation rarely springs from an individual source, and that consequently, when he treats of a specific cause, it is only as one which occupies a “prominent place in any combination of incidents more or less directly followed by insanity.”

Intemperance in the use of alcoholic beverages is first considered; and at the close of this part is the following remark in reference to a certain class of drinkers with whom almost every lunatic asylum is troubled: “Let the legislature enact that habitual drunkenness shall be subjected to all the disabilities of insanity, and then we may engage in a work of humanity without infringing upon the rights of individuals.” * * * “Vicious indulgence” furnishes the Hospital at Worcester with about six per cent. of its patients, and to the Butler Hospital a somewhat larger proportion. “There is reason to believe that this form of disease has been increasing with all the contrivances of luxury incident to the progress of civilization. Abundance of stimulating food, allurements of dress, refinement of manners, frequent and intimate social intercourse between the sexes, and, above all, a species of literature especially designed to inflame the passions and fill the mind with seductive images—these are incidents which, whether regarded individually or collectively, have nowhere, and at no time, been so widely prevalent as in this country during the last fifty

years. They constitute the origin of much of the kind of insanity we are considering, and sufficiently explain why it should be more common in American than European communities."

The consumption of vital energy required by the exigencies of civilized life is believed to be a prolific cause of insanity. "There never was a time when brains were more rapidly used up, in one way or another. In the struggle for wealth, power, or distinction, or even for the privilege of living at all, success requires continuous attention, intense application, and a strain of all the faculties to an extent that was once comparatively rare. The disastrous result is usually precipitated by habits of living not calculated to restore the energies thus prodigally expended." Here the author proceeds to condemn in detail the warming of apartments with air heated by red-hot iron, ill-ventilated rooms, neglect of physical exercise, improper food—"bread just from the oven, charged with some deleterious drug and saturated with butter, with meat swimming in gravy, and swallowed with little mastication—not to mention a host of other articles equally improper." The immediate and secondary effects of these agencies are minutely described, and the more remote results, reached by gradation of abnormal phenomena, exhibited.

"No careful observer can help coming to the conclusion that, of all the incidents which tend to develop insanity in the female sex, none is so prolific as what is called 'ill health;' and there can be but little doubt that nowhere is this condition more common than it is with us. This form of disease arises, in a great degree, from excessive domestic labour in conjunction with bad diet, bad air, insufficient recreation, and, in married women, frequent childbearing." Reasons for its greater prevalence here than in similar classes in other countries. "The latter unquestionably work hard and fare hard, but *they start with a stronger constitution; they are much in the open air; they live on plain food, and move in a social sphere that bounds their wishes and aspirations.* Here, the woman enters upon married life with a constitution somewhat delicate. Ambitious that her house and family should be distinguished among her neighbours by all the indications of good management, but unable to indulge in hired service, she labours beyond her strength, and does nothing towards restoring it by suitable relaxation. The cares of an increasing family, without increasing pecuniary means, seems to forbid the slightest rest from the daily routine of toil. The duties are all within doors, in over-heated apartments; while a certain regard for appearances, and a perpetual straining after a higher social sphere, give rise to an uneasy, if not a repining state of mind. At last, the appetite fails, less and less food is taken into the stomach, the nervous system becomes irritable under the slightest impression, the sleep is diminished, the flesh reduced, and the mind is depressed by unaccountable gloom and apprehension. The end is now at hand in the shape of unequivocal insanity, from which recovery is tedious, at best, and often hopeless."

The subject of hereditary transmission is next discussed, but without adducing any new feature or effect of importance. Its operation in increasing the prevalence of insanity is thus alluded to: "I think we are warranted in saying that insanity in persons who subsequently become parents, is, upon the average, duplicated in the next generation. We must, therefore, shut our eyes to this trait of insanity—its self-multiplying power—before we can doubt the fact of its rapid increase. A larger knowledge of the organic laws, and of the penalties that follow their violation, will, undoubtedly, check the evil, but this power will too often be overborne by the other agencies that are concerned in the case. When reason, prudence, foresight, inculcate one lesson; and passion, sentiment, and taste another, it is obvious enough which will generally prevail.

"The operation of the physical causes here mentioned is aided, in this country, there is much reason to believe, by peculiar atmospheric conditions. * * * That our people are distinguished by restlessness, impulsiveness, impetuous and boisterous movement, may be regarded as a fixed fact. That this trait is to be attributed to atmospherical influences, is rendered probable both by the absence of any other adequate cause, and by the greater excitability which accompanies insanity in this country, as compared with others;" and "this excitability is but little less apparent in the Germans, Irish, and English, who abound in our hospitals, than in the native Americans." P. E.